


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-01-2004 90029 049 ***150.00

DOCUMENT # P03000075515

1. Entity Name
WOOD BROTHERS TRUCKING INC.



Principal Place of Business Mailing Address
 11000 N.W. COUNTY RD. 274 11000 N.W. COUNTY RD. 274
 ALTHA, FL 32421 ALTHA, FL 32421

66405414



2. Principal Place of Business 3. Mailing Address
11000 N.W. CR 274 *11000 N.W. CR 274*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State City & State
Altha Florida *Altha Florida*
 Zip Zip Country Country
32421 *32421*

4. FEI Number Applied For
20-0535314 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WOOD, THOMAS W
 11000 N.W. COUNTY RD. 274
 ALTHA, FL 32421

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas W Wood, President* *Tommy Wood* *2/26/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|-------------------|--------------------|---------------------------------|
| P | WOOD, THOMAS W | 11000 NW CR 274 | ALTHA, FL 32421 | <input type="checkbox"/> |
| VP | WOOD, JAMES M | 64 PINETREE TRAIL | MARIANNA, FL 32448 | <input type="checkbox"/> |
| S | WOOD, HEATHER M | 11000 NW CR 274 | ALTHA, FL 32421 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tommy Wood* *Thomas W. Wood, pres.* *2/26/04* *850 762 4394*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #